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Expiration Date: 08/31/2014

PROTECTION & ADVOCACY for INDIVIDUALS with MENTAL ILLNESS (PAIMI) PROGRAM - ANNUAL PROGRAM PERFORMANCE REPORT (PPR)

STATE: IN	FISCAL YEAR: 2013

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.A. Fiscal Year:	2013
State:	IN
Name of P&A System:	INDIANA - Indiana Protection and Advocacy Services
Mailing Address & Phone Number of Main Office:	4701 N Keystone Ave Suite 222 Indianapolis, IN 46204 3177225555
Mailing Address & Phone Number of Each Satellite Office:	
Name of PAIMI Program, if different from the State P&A agency:	
Name, Phone number and email address of the PAIMI Coordinator:	David Boes 317-722-3440 dboes@ipas.in.gov
PPR Prepared by: **Name:** **Title:** **Area Code & Phone Number:** **E-mail Address:**	Gary Richter Executive Director (317) 722-5555 grichter@ipas.in.gov
The name of the Director of the State mental health agency to whom copies of the PAIMI PPR & ACR were sent.*	Kevin Moore
Date the PAIMI PPR &ACR were sent to the State mental health agency.*	12/30/2013

PAIMI Act [42 USC at 10805 (a)(7) mandates that the Head of the State mental health agency receive a copy of this report on or before January 1.

SECTION 1. GENERAL PAIMI PROGRAM INFORMATION

1.B. GOVERNING BOARD

1.B.1. Does the P&A have a multi-member governing board? If Yes, complete governing board (GB), Table 1.B.3. [See Governing Authority - 42 CFR 51.22(b).].	Yes
1.B.2.a Is the P&A a private non-profit P&A system?	No
1.B.2.b Is the chair of the PAIMI Advisory Council (PAC) a member of the governing board?	Yes
1.B.2.c. Please provide an explanation why the chair is not a member of the governing board	
N/A	

1.B.3. GOVERNING BOARD (GB) INFORMATION

In the following table, please provide the requested information for the GB members as of 9/30.	
a. Total number of GB member seats available.	13
b. Total number of GB members serving as of 9/30.	9
c. Total number of GB vacancies on 9/30.	4
d. Term of appointment for GB members (number of years).	3
e. Maximum number of terms a GB member may serve.	5
f. Frequency of GB meetings.	Quarterly
g. Number of GB meetings held this fiscal year (FY).	5
h. % (Average) of GB members present at meetings this FY.	89%

1.B.4. GOVERNING BOARD COMPOSITION

"The governing board shall be composed of members who broadly represent or are knowledgeable about the needs of clients served by the P&A system . . . ." [42 CFR 51.22(b)(2). *Count each GB member only once.*	
a. Number of individuals with mental illness (IMI) who are recipients/former recipients (R/FR) of mental health services or are or have been eligible for services.	0
b. Number of family members of individuals with mental illness who are R/FR of mental health services.	2
c. Number of guardians.	3
d. Number of advocates or authorized representatives.	0
e. Number of other persons who broadly represent or are knowledgeable about the needs of the clients served by the P&A system.	4
TOTAL	9
Section 42 CFR 51.22(b)(2) - mandated GB positions for private, non- profit systems. *Count each GB member only once. The Total of 1.B.3.a. must equal the subtotals of 1.B.3.b and 1.B.3.c.*	

1.C. PAIMI PROGRAM STAFF

1. Provide the total number of P&A staff who are paid either partially or totally with PAIMI Program funds, including PAIMI Program income.	25
1.a. How many of the staff listed above are attorneys?	3
1.b. How many of the staff listed above are non-attorney case workers/mental health advocates? *Do not include support or administrative staff in this count.*	13

1.D. ETHNICITY & RACE

The minimum categories for data on race and ethnicity for federal program administrative reporting are defined in the Glossary:

1.D.1. ETHNICITY	GOVERNING BOARD	PAIMI STAFF
1.D.1.a. Hispanic or Latino	1	0
1.D.1.b. Not Hispanic or Latino	8	25
1.D.2. RACE		
1.D.2.a. American Indian or Alaska Native	0	0
1.D.2.b. Asian	0	0
1.D.2.c. Black or African American	0	3
1.D.2.d. Native Hawaiian or Other Pacific Islander	0	0
1.D.2.e. White	9	22
1.D.2.f. Two or more races	0	0
Vacancies on 9/30 (Identify by position).	4	5
Governing Board Member (gubernatorial appointments)	4	0
Support Services Director	0	1
Legal and Client Services Director	0	1
Receptionist	0	1
Advocate	0	1
Program Specialist	0	1
Total	13	30

1.E. GENDER

	GOVERNING BOARD	PAIMI STAFF
1.E.1. Male	5	8
1.E.2. Female	4	17
Total	9	25

SECTION 2. PAIMI PROGRAM PRIORITIES & OBJECTIVES

2.A. Priority - 52

Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.

Case Example

"Brenda" contacted IPAS concerning an allegation that another resident of Larue D. Carter Hospital (LCH) had struck her, causing a bruise to her shoulder. However, her complaint came several months following her discharge from LCH. The staff of LCH indicated that an investigation was not necessary in light of her status of being a discharged patient. This decision was not consistent with LCH policy. IPAS notified LCH of this non-compliance by IPAS, and LCH did then investigate the issue. The resulting investigation by LCH concluded that Brenda was responsible for her injuries in not taking actions to protect herself. However, IPAS's conclusion was that staff at LCH had failed to provide a safe environment for Brenda.

IPAS contested the position taken by at LCH, and contacted Department of Mental Health and Addictions (DMHA) for clarification regarding a state operated facility's responsibility in protecting the residents from one another. DMHA's attorney responded to this question of responsibility by stating "DMHA accepts full responsibility for the safety of all of its patients, to whom it owes the highest degree of duty. Anytime there is a non-consensual touching of one patient by another, there has been a breach of DMHA's duty, whether or not a discernable injury has occurred." Further, she stated "we can in no way shift to the patient DMHA's responsibility to insure the patient's well-being. Legal concepts of assumption of the risk and contributory or comparative negligence have no place in the relationship between DMHA and the persons in its direct care." Finally, "To the extent that Mr. Lisak's letter left you with contrary impressions about any of the foregoing, we want to set the record straight: no patient should be blamed for unprovoked assaults inflicted by a peer. When in the course of attempting to balance one patient's liberty interests with another patient's safety interests, the slightest injury occurs to either patient, then the responsibility rests squarely with DMHA."

While Brenda's injuries had healed and she had been discharged by the time she contacted IPAS, advocacy was still possible and did end with an apparent positive result. Having DMHA's acknowledgement that it is a state operated facility's responsibility in protecting the residents from one another may result in a change in attitudes of all their staff at all their facilities.

2.B. Objective - 87

Review allegations of abuse or neglect of individuals residing in a facility operated by Indiana Department of Mental Health and Addiction and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

2.C. Target Population

Persons with a significant mental illness residing in a facility operated by the Indiana Division of Mental Health and Addiction.

2.D. Target

Conduct 17 reviews (cases).

2.E. Outcome

IPAS accepted 34 and completed 20 reviews of allegations of abuse and neglect.

The intent and goal of cases opened under this objective was for IPAS staff to advocate for the client's rights to be free of abuse and neglect. IPAS's initial goal was to promote the alleged victim's rights regarding a timely and thorough investigation by those entities primarily charged with that responsibility. Secondarily, IPAS will determine if an abuse/neglect investigation was initiated, conducted and completed per the entity's identified policy and procedure of the state operated facility. By monitoring the facilities conduct of investigations and making recommendations to strengthen the facility policies governing the conduct of such investigations, IPAS improving the systems which are in place to protect residents' safety and is assuring that timely and reasonable facility investigations are conducted. Some examples of this impact is outlined below.

IPAS reviewed an allegation of abuse by staff at Larue Carter Hospital. Neither the facility's internal investigation nor IPAS's review found the available information sufficient to substantiate the client's allegation. IPAS staff did take issue with the facility's abuse policy, specifically citing that it lacked time frames for the completion of internal investigations; guidance for facility staff as to what constituted a proper investigative process; and contained no requirement to report investigation findings to the patient. While IPAS made its concerns known to the facility's administration, at closure none of IPAS's recommendations had been implemented.

At Evansville State Hospital (ESH), IPAS received a complaint from a resident, alleging medical neglect in the form of being denied access to a prescribed inhaler. Upon review, it was determined that the internal investigation concluded that the inhaler had been prescribed for use only once every four hours, but the client had been requesting to use it more frequently. The client reportedly indicated satisfaction with the explanation and outcome of their complaint. While IPAS did not substantiate neglect, IPAS did convey concerns to the facility's administration regarding IPAS's determination that the facility staff failed to complete their investigation in a timely matter as indicated in the facility grievance policy

In another case at Evansville State Hospital (ESH), IPAS reviewed and investigated a report from a resident alleging that another resident had had punched them. ESH staff reportedly did respond immediately, and intervened preventing any further hitting/abuse of the client. ESH's internal investigation did not substantiate neglect by staff for failing to protect the client from foreseeable harm, as the incident was random and unexpected. The client did not file an internal grievance in the matter. IPAS reviewed all pertinent records regarding this incident and found that the facility staff responded to the altercation according to facility policies and took no issue regarding staff's response to protect the client from further incidents. In reviewing the incident reporting policy that was in place at the time of this incident, the policy allowed the facility to determine which incidents would be reported to Adult Protective Services (APS) and the Department of Mental Health and Addiction (DMHA). IPAS's took the stance that the lack of mandatory reporting to APS violated state law that requires mandatory report of such incidents to APS. Upon IPAS's urging, ESH has since adopted changes in its policies to bring it into compliance with state law mandated reporting of abuse/neglect incidents to APS.

2.F. Objective Met or Not Met: Met

2.B. Objective - 88

Review allegations of abuse or neglect of individuals residing in Community Mental Health Centers and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

2.C. Target Population

Persons with a significant mental illness residing in a facility or setting operated by a Comprehensive Mental Health Center.

2.D. Target

Conduct 4 reviews (cases.

2.E. Outcome

IPAS accepted seven and completed four reviews of allegations of abuse and neglect.

The intent and goal of cases opened under this objective was for IPAS staff to advocate for the client's right to be free of abuse and neglect. IPAS's initial goal was to promote the alleged victim's rights by assuring a timely and thorough investigation by those entities primarily charged with the responsibility. Secondarily, to determine if an abuse/neglect investigation was initiated, conducted and completed per the entity's identified policy and procedure.

IPAS received a call from a parent that "Gary" was being neglected in the group home by the staff of the Adult and Child Community Mental Health Center (A&C). Specifically, it was alleged that staff were not assisting Gary to clean his apartment, maintain his health, and manage his medications. Neither Gary nor his parent filed complaints with the provider, so no investigation was conducted by the Provider. IPAS reviewed the provider's policy regarding abuse and neglect, and found that the policy lacked well-written definitions of abuse, neglect and exploitation. The policy also uses the word "suspect" to identify the person who was the alleged abuser. This word allows for staff make a judgment call as to whether and when to report an incident. IPAS made recommendations to the provider to make changes to the abuse and neglect policy to better define abuse, neglect and exploitation and to remove the word suspect from the policy. IPAS' overall findings related to the allegations did not substantiate that client had been subject of abuse or neglect on the part of A&C as a service provider. IPAS determined that every issue which client's mother has contacted IPAS about had been addressed by the A&C treatment team at least eight months prior to the report made to IPAS.

2.F. Objective Met or Not Met: Met

2.B. Objective - 89

Review allegations of abuse or neglect that resulted in the death of an individual who resided in a mental health treatment facility.

2.C. Target Population

Individuals with a significant mental illness residing in mental health treatment facilities other than a local, state or federal correctional facility.

2.D. Target

Conduct one investigation.

2.E. Outcome

IPAS accepted four and completed one review of an allegation that the death of a resident may have been the result of either abuse or neglect. In the one case concluded, IPAS was unable to find that the facility or any of the staff were in violation of any of the controlling regulations.

2.F. Objective Met or Not Met: Met

2.B. Objective - 90

Review allegations of inappropriate use of restraint or seclusion and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

2.C. Target Population

Individuals with a significant mental illness residing in a treatment facility.

2.D. Target

Conduct two reviews.

2.E. Outcome

IPAS accepted 11 and completed three reviews of allegations of the inappropriate use of restraint or seclusion.

2.F. Objective Met or Not Met: Met

2.B. Objective - 91

Continue to represent prisoners with serious mental illness in class action lawsuit to diminish the use of segregation.

2.C. Target Population

Individuals with a significant mental illness residing in a facility operated by the Indiana Department of Correction facility.

2.D. Target

1 class action lawsuit.

2.E. Outcome

On December 31, 2012, Judge Tanya Walton-Pratt issued an order in trial of IPAS et al. v. Indiana Department of Correction (IDOC). In her decision, she concluded that IDOC had violated the Constitutional rights of inmates with serious mental illness. She concluded that the IDOC through its deliberate indifference to their need for care, and continued harm caused by the segregation of those with serious mental illness. At the conclusion, of the year, the case was still pending as the IPAS continues to advocate for an appropriate settlement agreement.

2.F. Objective Met or Not Met: Met

2.B. Objective - 92

Review allegations of abuse or neglect of individuals with a significant mental illness not serving a sentence in a jail (not an Indiana Department Correction or Federal facility) and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

2.C. Target Population

Individuals with a significant mental illness residing in a jail not serving a sentence (not an Indiana Department of Correction or Federal facility).

2.D. Target

Conduct 1 review.

2.E. Outcome

One service request was concluded. This single case closed without a resolution as the client was transferred out of state and released from custody shortly after IPAS was notified of the allegation.

2.F. Objective Met or Not Met: Met

2.A. Priority - 53

To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.

Case Example

• “Megan” contacted IPAS with a complaint that her money was being mismanaged by the group home she was residing in. Once IPAS staff was on site to discuss Megan’s allegation, Megan had revised her request for services and wanted IPAS instead to address her perceived lack of discharge planning by the group home. IPAS staff determined that the agency managing the group home had been appointed as the client’s representative payee of her benefits and did not find any indication of mismanagement. Megan initially indicated a desire to become her own representative payee in preparation for transitioning back to her own apartment. Megan felt this was necessary for discharge from Lifespring and her return to a community placement. Therefore, IPAS’ specific focus was on whether caller was receiving appropriate discharge planning which would include provision of assistance in changing her payee status. IPAS review of Megan’s treatment plan determined that it had clearly defined discharge criteria, as well as identified treatment programs to help Megan with issues she had previously experienced while living alone in the community. At the time IPAS closed its case, Lifespring and Megan were actively looking for a suitable apartment for her to move back into the community.

2.B. Objective - 93

Review allegations of discrimination under Title II or III of the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination laws.

2.C. Target Population

Individuals with significant mental illness residing in the community that has alleged discrimination.

2.D. Target

Conduct Four reviews of allegations.

2.E. Outcome

IPAS accepted six requests and completed five reviews of allegations of discrimination.

2.F. Objective Met or Not Met: Met

2.B. Objective - 94

Review allegations of treatment rights violations of individuals with mental illness.

2.C. Target Population

Individuals with a significant mental illness residing in the community alleging a violation of a treatment right.

2.D. Target

Conduct two reviews.

2.E. Outcome

IPAS accepted nine requests and completed three reviews of allegations of treatment rights violations.

The intent and goal of cases opened under this objective was for IPAS staff to advocate for the client's right to be free discrimination and protection of the individual's rights while receiving treatment. IPAS's initial goal was to promote the alleged victim's rights by assuring a timely and thorough investigation by those entities primarily charged with the responsibility.

"Megan" contacted IPAS with a complaint that her money was being mismanaged by the group home she was residing in. Once IPAS staff was on site to discuss Megan's allegation, Megan had revised her request for services and wanted IPAS instead to address her perceived lack of discharge planning by the group home. IPAS staff determined that the agency managing the group home had been appointed as the client's representative payee of her benefits and did not find any indication of mismanagement. Megan initially indicated a desire to become her own representative payee in preparation for transitioning back to her own apartment. Megan felt this was necessary for discharge from Lifespring and her return to a community placement. Therefore, IPAS' specific focus was on whether caller was receiving appropriate discharge planning which would include provision of assistance in changing her payee status. IPAS review of Megan's treatment plan determined that it had clearly defined discharge criteria, as well as identified treatment programs to help Megan with issues she had previously experienced while living alone in the community. At the time IPAS closed its case, Lifespring and Megan were actively looking for a suitable apartment for her to move back into the community.

2.F. Objective Met or Not Met: Met

2.B. Objective - 95

Monitor internal grievance complaints of individuals residing in state operated facilities to ensure that complaints are addressed according to written policy and procedure.

2.C. Target Population

Individual with significant mental illness residing in one of the state operated facilities.

2.D. Target

Conduct 17 reviews.

2.E. Outcome

IPAS accepted 33 requests and completed 17 monitoring of individual residents' complaints within the facility' internal process.

The intent and goal of cases opened under this objective is for IPAS staff to advocate for the client's right. IPAS's primary goal, was to promote the resident's right to a timely and thorough investigation of the grievance through the internal process. Secondarily, the assigned advocate determined if the grievance investigation was initiated, conducted and completed per the entity's identified policy and procedure of the state operated facility. In doing so the advocate then reviews the internal policy to for failure to meet statutory and regulatory requirements.

Such reviews have resulted in systemic changes as the policies and practices have been modified at each of the five state operated facilities.

At Richmond State Hospital (RSH), IPAS determined that the facility's policy addressing the restriction on a client's use of personal items failed to comply with Indiana Code for the removal of conditional rights. IPAS requested that the facility review the policy and make updates to ensure compliance with Indiana Code. RSH has amended the policy in response to IPAS's recommendations and concerns, and it now complies with the requirement for removal or restriction of a conditional right.

At Evansville State Hospital, IPAS's review of an allegation concerning the restriction of a conditional right prompted the client's treatment team to complete the statutorily required process describing when and under what circumstances a conditional right may be restricted.

At Larue Carter Hospital (LCH), IPAS successful advocated for clarification concerning the rights of residents to keep food and personal electronics in their room. LCH amended its publications to explain that residents cannot to keep food in their rooms as this is prohibited by Indiana State Department of Health (ISDH) codes and regulations. The facility further clarified that personal electronic items are placed with LCH security to prevent theft.

2.F. Objective Met or Not Met: Met

2.B. Objective - 96

Review allegations of unregulated or under regulated use of restraint and/or seclusion by a school and advocatefor adoption of policies that promote and protect the health and safety of students.

2.C. Target Population

Children with a significant mental illness attending a public school within Indiana.

2.D. Target

Conduct three reviews.

2.E. Outcome

During the course of the year, IPAS became aware that attempting to resolve this problem on a case by case basis was unproductive. So IPAS began working with its partners in the disability rights community concerning systemic issues related to consequences of the unregulated use of mechanical restraints, seclusion and physical restraint in the public school setting. In response to the data and antidotal stories the Arc of Indiana, Autism Society of Indiana, MHA of Indiana and NAMI, a bill was proposed to address this lack of oversight by the state. IPAS offered testimony before appropriate legislative committees and educated lawmakers and others as to the detrimental effect on students of the use of unregulated restraint and seclusion. With the support and efforts of many disability rights organizations, the bill was passed that created a Commission to develop a model policy addressing the use of these techniques. By July 14 2014, all schools must develop and adopt policies to address the use of seclusion and physical restraint.

2.F. Objective Met or Not Met: Met

2.A. Priority - 54

Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.

Case Example

All Objectives under this priority are systemic in nature as IPAS staff is involved in specialty projects or committee work. IPAS staff assigned to committees take on the role of advocating for the rights of individuals and groups of individuals potentially affected by that particular committee's responsibility.

At Richmond State Hospital, IPAS staff successfully advocated against the implementation of a unit policy prohibiting residents from being allowed to carry purses or backpacks. The existing policy required residents to obtain permission from their doctor. The facility now views a resident's ability to carry a backpack or purse as a conditional right, and any restriction to a patient's ability to carry a backpack or purse would be treated and addressed as the proposed restriction of a conditional right.

Additionally IPAS staff used its participation also at Richmond State Hospital to raise concerns that residents were being denied the opportunity to purchase snacks from the canteen area. The Nursing Director provided direction to all staff that a patient is never to be denied the opportunity to purchase snacks from the canteen. If a patient is on a unit restriction, a staff member will provide the patient a list of the items in the snack machine, and that a staff member will purchase the snacks chosen by the resident.

2.B. Objective - 97

Participate on the Resident/Human Rights Committee meetings of the facilities operated by the Indiana Department of Mental Health and Addiction.

2.C. Target Population

Persons with a significant mental illness residing in facilities operated by the Indiana Division of Mental Health and Addiction.

2.D. Target

Attend 20 meetings.

2.E. Outcome

During the year are that IPAS attended 41 Human Rights Committee meetings at facilities operated by the Indiana Department of Mental Health and Addiction, thus exceeding the objective's target during the year. This objective is systemic in nature as IPAS staff is involved in specialty projects or committee work. IPAS staff assigned to committees take to use this platform as a vehicle to advocate for the rights of individuals and groups of individuals potentially affected by that particular committee's responsibility.

One such example is at Richmond State Hospital (RSH) IPAS expresses concerns regarding how that facility's HRC classified complaints, which affects the speed of facility response and investigation. IPAS staff noticed there were several complaints that were coded as Level 2 a lower status, which has a slower response time required. IPAS cited that these complaints should have been coded as Level 1 and handled much more quickly. IPAS cited several specific examples, including allegations involving an injury received during a restraint and incidents of verbal abuse. It is IPAS's position that these incidents did meet the RSH definitions of a Level 1 complaint. RSH currently codes the complaints immediately upon receipt. However, coding can change based following the interview of the patient. IPAS stated its concern that facility staffing might not permit all complaints to be addressed within 24 hours.

2.F. Objective Met or Not Met: Met

2.B. Objective - 98

Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with mental illness.

2.C. Target Population

Individuals with significant mental illness residing in Indiana.

2.D. Target

Attend and participate in two meetings.

2.E. Outcome

During the year are that IPAS attended six Committee meetings thus exceeding the objective's target for the year.

2.F. Objective Met or Not Met: Met

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3.A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS

3.A.1. Total of PAIMI-eligible individuals who were receiving advocacy services at start of FY. [This category reflects the number of individuals supported with either PAIMI Program funds or program income who had cases from the preceding FY still open on October 1. *DO NOT REPORT INDIVIDUALS SERVED WITH NON-FEDERAL DOLLARS IN THIS SECTION*, report these individuals in Section 8].	71
3.A.2. Total of new/renewed PAIMI-eligible individuals served during the FY. [This is the number of individuals who had a case opened during the reporting period (October 1 and September 30). *Do not report individuals served with non-Federal dollars in this section, report these individuals in Section 8*].	63
3.A.3. Total of PAIMI-eligible individuals served in 3.A.1. & 3.A.2. This reflects the total number of individuals served with PAIMI Program dollars, including program income, during the fiscal reporting period and is an *UNDUPLICATED* count of all PAIMI-eligible individuals who received individual case representation].	134
3.A.4.a. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact due to insufficient PAIMI funding.	0
3.A.4.b. The number of PAIMI-eligible individuals who requested individual advocacy services who were not served within 30 days of initial contact due to non-priority issues.	23
3.A.4.c. Total [Equals the sum of 3.A.4.a. & 3.A.4.b. Refer to the GLOSSARY for definition of I&R. DO NOT include individuals who received Information and Referral (I&R) services in this section – report them in Section 6.A.]	23

3.A.5. Identify populations, advocacy issues and activities (systemic, legislative, educational, training, etc.) from 3.A.4.a. and/or 3.A.4.b. that will be addressed in the future.

As the residential settings for PAIMI-eligible individuals in Indiana continue to shrink as the state proceeds toward to community-based services. IPAS-PAIMI is looking forward to seeking out classification of facilities, which historically have not been served by IPAS-PAIMI. Despite an analysis of those callers refused services as a non-priority issue, continues to reveal that majority of these individuals lived independently. And their requests were restricted to four basic areas of concern; special education, employment, discrimination (ADA) and housing. Additionally, a historical analysis revealed a drop in requests for assistance originating from clients housed in a treatment facility.

3.B. NUMBER OF COMPLAINTS/PROBLEMS OF PAIMI-ELIGIBLE NDIVIDUALS

Total [*3.B. Refers to the total number of complaints/problems presented at the time the individual contacted the P&A for assistance. The number may be higher than the total number of PAIMI-eligible individuals served by the P&A because each individual may have more than one complaint/problem to be addressed*].	154

3.C. AGE OF INDIVIDUALS* [See 42 U.S.C. 10804(a)(1)(4), 42 CFR 51.24 (a)]

3.C.1. Ages 0 - 4	0
3.C.2. Ages 5 - 12	4
3.C.3. Ages 13 - 18	6
3.C.4. Ages 19 - 25	9
3.C.5. Ages 26 - 64	108
3.C.6. Ages 64+	7

SECTION 3. PAIMI-ELIGIBLE INDIVIDUALS

3.A. NUMBER OF INDIVIDUALS SERVED WITH PAIMI FUNDS

Total	134

The total of 3.C. should equal the total number of individuals served in 3.A.3.

3.D. GENDER OF INDIVIDUALS*

3.D.1. Male	42
3.D.2. Female	92
3.D.3. Total*	134

***3.D.3. should equal the total number of individuals served listed in 3.A.3.**

3.E. ETHNICITY & RACE OF PAIMI-ELIGIBLE INDIVIDUALS

3.E.1. ETHNICITY	
3.E.1.a. Hispanic or Latino	1
3.E.1.b. Not Hispanic or Latino	132
3.E.2. RACE	
3.E.2.a. American Indian or Alaska Native	1
3.E.2.b. Asian	0
3.E.2.c. Black or African American	31
3.E.2.d. Native Hawaiian or Other Pacific Islander	0
3.E.2.e. White	101
3.E.2.f. Two or more races	0
Total	133

The data in 3.E. is self-reported. Please do not question self-reported data. Each client may select one or more categories. The totals in this section may exceed those listed in 3.A.3., 3.C.3, or 3.D.3. PAIMI STAFF MUST ASK AND REPORT THIS INFORMATION.

3.F. LIVING ARRANGEMENTS OF INDIVIDUALS AT INTAKE	
3.F.1. - Independent [per the PAIMI Act of 2000 – these individuals DO NOT have priority over PAIMI-eligible individuals in residential care or treatment facilities, see 42 U.S.C. 10804(d), exception those within 90 days of discharge from a residential care or treatment facility, military families (off base), veterans, the homeless, veteran].	10
3.F.2. - Parental or other family home - per the PAIMI Act of 2000 – these individuals DO NOT have priority over PAIMI-eligible individuals in residential care or treatment.	10
3.F.3. - Community residential home for children/youth (0-18 years), e.g. , supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).	1
3.F.4. - Adult community residential home, e.g., supervised apartment, semi-independent, halfway house, board & care, small group home (3 or less).	8
3.F.5. - *Non-medical community-based residential facility for children & youth.	1
3.F.6. - Foster Care	0
3.F.7. - *Nursing Facilities, including Skilled Nursing Facilities(SNF)	1
3.F.8. - *Intermediate Care Facilities (ICF)	0
3.F.9. - * Public and Private General Hospitals, including emergency rooms.	0
3.F.10. - * Other health facility.	2
3.F.11. - Psychiatric wards (public or private)	2
3.F.12. - Public (Municipal or State-operated) Institutional Living Arrangements (e.g., hospital treatment center/school or large group home 4+ beds).	48
3.F.13. - Private Institutional Living Arrangement (e.g., hospital or treatment center, school or large group home more than 3 beds).	9
3.F.14. - Legal Detention/Jail/Detention Center	10
3.F.15. - State Prison	32
3.F.16. - Homeless	0
3.F.17.a. - Federal Facility - Detention	0
3.F.17.b. - Federal Facility - Prison	0
3.F.17.c. - Federal Facility - Veterans Hospital	0
3.F.17.d. - Federal Facility - Other (Describe)	0
Total	134
The total for 3.F. equals the total listed in 3.A.3. *Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj(2).	

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.A.1. AREAS OF ALLEGED ABUSE: Number of complaints/problems – Make every effort to report within the following categories:	Number From Closed Cases Only	Outcomes			
	Total	A	B	C	D
a. Inappropriate or excessive medication	2	0	0	0	2
b.1. Inappropriate or excessive physical restraint	3	0	2	0	1
b.2. Inappropriate or excessive chemical restraint	0	0	0	0	0
b.3. Inappropriate or excessive mechanical restraint	1	0	0	0	1
b.4. Inappropriate or excessive seclusion	0	0	0	0	0
c. Involuntary medication	0	0	0	0	0
d. Involuntary electrical convulsive therapy (ECT)	0	0	0	0	0
e. Involuntary aversive behavioral therapy	0	0	0	0	0
f. Involuntary sterilization	0	0	0	0	0
g. Failure to provide appropriate mental health treatment	15	0	2	0	13
h. Failure to provide needed or approprate treatment for other serious medical problems	8	0	0	0	8
i.1. Physical Assault - Serious injuries related to the use of seclusion and restraint	1	0	0	0	1
i.2. Physical Assault - Serious injuries NOT related to seclusion and restraint	5	0	2	0	3
j. Sexual assault	1	0	0	0	1
k. Threats of retaliation or verbal abuse by facility staff	4	0	0	0	4
l. Coercion	0	0	0	0	0
m. Financial exploitation	0	0	0	0	0
n. Suspicious death	1	0	0	0	1
o. Other (This number should be less than 1% of the total # of abuse complaints)	0	0	0	0	0
Total	41	0	6	0	35

*Expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 -290jj-2]. See also, the PAIMI Act 42 U.S.C. 10802(1)(A) - (D).

4.A.2. ABUSE OUTCOME STATEMENTS

A. Persons with disabilities whose environment was changed to increase safety or welfare.

4.A.2. ABUSE OUTCOME STATEMENTS

B. Positive changes in policy, law or regulation re: abuse in facilities (describe facility where impact was made).

PAS intervention resulted in systemic changes in which Evansville State Hospital revised the facility's current notification policy to clarify the process by which Adult Protective Services and Department of Mental Health and Addictions are notified of all allegations of abuse/neglect and to identify the staff responsible for making the notification. The facility also became compliant with the current Department of Mental Health and Addictions Incident Reporting Protocol policy effective 11/19/12.

At Larue Carter Hospital, IPAS's efforts result in that facility adoption of a formally written grievance procedure and amended their patient handbook to include language that presidents receiving services where not obligated in taking their concerns to the ward staff initially.

C. Validated abuse complaints that were favorably resolved as a result of P&A intervention.

D. Other indicators of success or outcomes that resulted from P&A involvement (explain).

Other outcomes also include individual receiving information for self-advocacy and reassurance that the provider acted accordingly. Additionally, outcomes are not available where the individual withdraws the complaint, finds other representation, is non-responsive or following a determination that the case lacks merit.

4.A.3. ABUSE COMPLAINTS DISPOSITION

For closed cases listed in Table 4.A.1., provide the number of abuse complaints / problems for each disposition category.

a. Number of complaints/problems determined after investigation not to have merit.	7
b. Number complaints/problems withdrawn or terminated by client.	19
c. Number of complaints/problem favorably resolved in the client's favor.	8
d. Number of complaints/problem not favorably resolved in the client's favor.	7
e. Total number of complaints/problem addressed from closed cases. ***[The sum of Items 4.A.3. a - d equals the total for 4.A.3.e. which must equal the total in Table 4. A.1.].***	41

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.B.1. AREAS OF ALLEGED NEGLECT – [failure to provide for appropriate . . .] - Number of Complaints/Problems:	Number From Closed Cases Only	Outcomes				
	Total	A	B	C	D	E
a. Admission to residential care or treatment facility	0	0	0	0	0	0
b. Transportation to/from residential care or treatment facility	0	0	0	0	0	0
c. Discharge planning or release from a residential care or treatment facility	6	0	0	1	0	5
d. Mental health diagnostic or other evaluation (does not include treatment)	0	0	0	0	0	0
e. Medical (non-mental health related) diagnostic or physical examination	0	0	0	0	0	0
f. Personal care (e.g., personal hygiene, clothing, food, shelter)	2	0	0	0	0	2
g. Physical plant or environmental safety	1	0	1	0	0	0
h. Personal safety (client-to-client abuse)	4	1	0	0	0	3
i. Written treatment plan	1	0	0	0	0	1
j. Rehabilitation/vocational programming	0	0	0	0	0	0
k. Other (Please make every effort to report within the above categories)	0	0	0	0	0	0
Total	14	1	1	1	0	11

4.B.2. NEGLECT OUTCOME STATEMENTS

A. Validated neglect complaints that have a favorable resolution as a result of P&A intervention.

B. Positive changes in policy, law, or regulation regarding neglect in facilities (describe facilities).

IPAS intervention resulted in systemic changes in which Evansville State Hospital revised the facility's current notification policy to clarify the process by which Adult Protective Services and Department of Mental Health and Addictions are notified of all allegations of abuse/neglect and to identify the staff responsible for making the notification. The facility also became compliant with the current Department of Mental Health and Addictions Incident Reporting Protocol policy effective 11/19/12.

C. Persons with disabilities discharged consistent with their treatment plan after P&A involvement.

D. Persons with disabilities whose treatment plans met selected criteria.

E. Other indicators of success or outcomes that resulted from P&A involvement (explain).

Other outcomes also include individual receiving information for self-advocacy and reassurance that the provider acted accordingly. Additionally, outcomes are not available where the individual withdraws the complaint, finds other representation, is non-responsive or following a determination that the case lacks merit.

4.B.3. NEGLECT COMPLAINTS DISPOSITION	
For closed cases listed in Table 4.B.1., provide the numbers of neglect complaints or problem areas for each disposition category. [See, 42 U.S.C. 10802(5)].	
a. Number of complaints/problems determined after investigation not to have merit.	3
b. Number complaints/problems withdrawn or terminated by client.	0
c. Number of complaints/problem favorably resolved in the client's favor.	10
d. Number of complaints/problem not favorably resolved in the client's favor.	1
e. Total number of complaints/problem addressed from closed cases. *[The sum of Items 4.B.3. a - d equals the total for 4.B.3.e. which must equal the total in Table 4. B.1.].*	14

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.C.1. AREAS OF ALLEGED RIGHTS VIOLATIONS; Number of Complaints Problems	Number From Closed Cases Only	Outcomes			
	Total	A	B	C	D
a. Housing Discrimination	0	0	0	0	0
b. Employment Discrimination	0	0	0	0	0
c. Denial of financial benefits/ entitlements (e.g., SSI, SSDI, Insurance)	3	1	0	0	2
d. Guardianship/ Conservator problems	0	0	0	0	0
e. Denial of rights protection information or legal assistance	0	0	0	0	0
f. Denial of privacy rights (e.g., congregation, telephone calls, receiving mail)	1	0	0	0	1
g. Denial of recreational opportunities (e.g., grounds access, television, smoking)	6	1	0	1	4
h. Denial of visitors	1	0	0	0	1
i. Denial of access to or correction of records	0	0	0	0	0
j. Breach of confidentiality of records (e.g., failure to obtain consent before disclosure)	0	0	0	0	0
k. Failure to obtain informed consent (see also, involuntary treatment)	0	0	0	0	0
l. Failure to provide special education consistent with State requirements	0	0	0	0	0
m. Advance directives issues	0	0	0	0	0
n. Denial of parental/family rights	0	0	0	0	0
o. Other (Please make every effort to report within the above categories)	0	0	0	0	0
Total	11	2	0	1	8

4.C.2. RIGHTS VIOLATIONS OUTCOME STATEMENTS

A. Persons with disabilities served by the P&A whose rights were restored as a result of P&A Intervention.

B. Persons with disabilities whose personal decision making was maintained or expanded as a result of P&A intervention.

C. Policies or laws changed and other barriers to personal decisions making eliminated as a result of P&A intervention.

D. Other outcomes as a result of P&A involvement:

Other outcomes also include individual receiving information for self-advocacy and reassurance that the provider acted accordingly. Additionally, outcomes are not available where the individual withdraws the complaint, finds other representation, is non-responsive or following a determination that the case lacks merit.

4.C.3. RIGHTS VIOLATIONS DISPOSITION

For closed cases listed in Table 4.C.1., provide the numbers of rights complaints or problem areas for each disposition category.	
a. Number of complaints/problems determined after investigation not to have merit.	0
b. Number complaints/problems withdrawn or terminated by client.	4
c. Number of complaints/problem favorably resolved in the client's favor.	6
d. Number of complaints/problem not favorably resolved in the client's favor.	1
e. Total number of complaints/problem addressed from closed cases. ***[The sum of Items 4.C.3. a - d equals the total for 4.C.3.e. which must equal the total in Table 4. C.1.].***	11

SECTION 4. COMPLAINTS / PROBLEMS of PAIMI-ELIGIBLE INDIVIDUALS

4.D.1. INTERVENTION STRATEGY OUTCOMES		Outcomes												
		Abuse				Neglect					Rights Violations			
Strategy	Total	A	B	C	D	A	B	C	D	E	A	B	C	D
a. Short Term Assistance	23	0	2	0	6	0	0	1	0	6	1	0	1	6
b. Abuse/Neglect Investigations	26	0	5	0	15	1	1	0	0	4	0	0	0	0
c. Technical Assistance	5	0	0	0	3	0	0	0	0	0	0	0	0	2
d. Administrative Remedies	8	0	0	0	8	0	0	0	0	0	0	0	0	0
e. Negotiation/Mediation	2	0	0	0	0	0	0	0	0	1	0	0	0	1
f. Legal Remedies	8	0	0	0	8	0	0	0	0	0	0	0	0	0
Total	72	0	7	0	40	1	1	1	0	11	1	0	1	9

4.E. DEATH INVESTIGATION ACTIVITIES

See, the PAIMI Act 42 U.S.C. at 10801(b)(2)(B) and 10802(1), and PAIMI Program expanded authorities under the Children's Health Act of 2000, Part H, section 592(a) and Part I Section 595, as codified respectively under Title V. Public Health Service Act, 42 U.S.C. at 290ii- 290ii and 290jj-1 - 290jj-2.

4.E.1. The number of deaths of PAIMI-eligible individuals reported to the P&A for investigation by the following entities:

a. The State.	0
b. The Center for Medicaid & Medicare Services (Regional Offices).	0
c. Other Sources. Briefly list the source for each death reported in this category, e.g., newspaper, concerned citizen, relative, etc. In each of the nine deaths that IPAS became aware of it was the result of concerned staff informing IPAS of the death of a resident.	9
d. Total	9

4.E.1.e. If the information requested in 4.E.1. was not available, please explain.

Not applicable

4.E.2. All P&A Death investigations conducted involving PAIMI-eligible individuals related to the following:	**Total**
a. Number of deaths investigated involving incidents of seclusion (S).	0
b. Number of death investigated involving incidents of restraint (R).	0
c. Number of deaths investigated NOT related to incidents of S & R, e.g., suicides.	4
d. Total Number of deaths investigated [Sum of 4.E.2. a-c].	4

4.E.3. If you reported deaths in categories 4.E.2.a., 4.E.2.b., and/or 4.E.2.c., then please provide the following information on one (1) death from each category, as appropriate:
- A brief summary of the circumstances about the death.
- A brief description of P&A involvement in the death investigation.
- A summary of the outcome(s) resulting from the P&A death investigation.

4.E. DEATH INVESTIGATION ACTIVITIES

Case narrative for 4.E.2.a.

N/A

Case narrative for 4.E.2.b.

N/A

Case narrative for 4.E.2.c.

The client's wife called IPAS with a complaint that her husband died while living in a facility described as a nursing home. She stated the facility neglected to care for a wound which became gangrenous, and that he died within three days after she learned about it. IPAS determined that the client had been living in a "Housing with Services" (HSE) facility not in a nursing home as claimed by the caller. Such facilities have minimal regulatory oversight and do not provide medical care. After review IPAS was unable to find that the facility or any of the staff were in violation of any of the controlling regulations.

SECTION 5. INTERVENTIONS on BEHALF of GROUPS of PAIMI-ELIGIBLE INDIVIDUALS

5.E. TYPES OF INTERVENTIONS	Number of types of interventions used	Potential number of Individuals Impacted	Concluded Successfully	Concluded Unsuccessfully	On-going
1. Group Advocacy non-litigation	5	880	0	0	5
2. Investigations (non-death related)	0	0	0	0	0
3. Facility Monitoring Services	0	0	0	0	0
4. Court Ordered Monitoring	0	0	0	0	0
5. Class Litigation	1	5900	0	0	1
6. Legislative & Regulatory Advocacy	1	14000	1	0	0
7. Other	0	0	0	0	0
Total	7	20780	1	0	6

In the PAIMI Application [at Section IV.2.2.], you were instructed to provide information on the objectives for these types of interventions in sequential steps that are achievable within the annual reporting period, such as, conducting research, identifying legal issues, filing the class action, etc.

5.F. In the space below, *provide at least ONE (1) EXAMPLE that reflected the outcome of EACH sub-category listed in Table 5.E.* In the narrative for each example, briefly describe the PAIMI Program activity, include factual information (who, what, when, where, how) and the outcome(s) that resulted from the intervention.

Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how their availability furthered the purposes of the PAIMI Act.

Case Example for 5.E.1. Group Advocacy non-litigation

IPAS participated, as funding allowed, in the Resident/Human Rights Committee meetings at state operated mental health facilities. The basic, most general goal and purpose of all Resident/Human Rights Committees was to assist with protecting and enhancing the rights and dignity of persons receiving services at the state operated facilities. However, the more specific goal and purpose of each Resident/Human Rights Committee depends largely upon which facility the committee serves as well as said facility's population. One committee may review and resolve patient complaints and review proposed policies that may affect patient rights, while another may review the specific treatment plan of the most difficult-to-treat patients, often times requiring discussion of treatment modalities that may also include rights implications. (Priority 3 Objective 301)

At Richmond State Hosital (RSH) , the IPAS advocate, successfully used this forum to campaign for a policy change concerning two units, which had the equivalent practices concerning the assigning privileges for residents, needed to adopt the same protocols in regard to restrictions. Prior to the change, one unit would place all residents on restriction if one resident was found to have brought in contraband items. Based on the policy/practice change, now only the resident found in violation will have their privileges reviewed.

In the PAIMI Application [at Section IV.2.2.], you were instructed to provide information on the objectives for these types of interventions in sequential steps that are achievable within the annual reporting period, such as, conducting research, identifying legal issues, filing the class action, etc.

5.F. In the space below, *provide at least ONE (1) EXAMPLE that reflected the outcome of EACH sub-category listed in Table 5.E.* In the narrative for each example, briefly describe the PAIMI Program activity, include factual information (who, what, when, where, how) and the outcome(s) that resulted from the intervention.

Use work examples that illustrate the impact of PAIMI Program activities, especially how the activities made a difference to the clients served, such as, improved quality of life, etc. If PAIMI Program funds were used to support any of the above activities, then describe how their availability furthered the purposes of the PAIMI Act.

Case Example for 5.E.5. Class Litigation

IPAS is co-counseling with the American Civil Liberties Union (ACLU) to challenge Indiana Department of Correction's (DOC) practice of segregating prisoners in cells 23 of 24 hours per day, when the prisoners have a serious mental illness. It is the IPAS's contention that the defendant (Indiana Department of Correction) acted with deliberate indifference in its treatment of the class of inmates who have a serious mental illness and are held in isolated cells case (IPAS et al. v. Indiana Department of Correction). The trial concluded during July 2011, following the testimony of fourteen (14) witnesses and more than 30,000 pages of documents being entered into the trial record.

On December 31, 2012, Judge Tanya Walton-Pratt issued an order in the trial of IPAS et al. v. Indiana Department of Correction (IDOC). In her decision, she concluded that IDOC had violated the Constitutional rights of inmates with a serious mental illness. She concluded that the IDOC through its deliberate indifference to their need for care, continued the harm caused by the segregation of those with a serious mental illness. At the conclusion, of the year, the case was still pending as the IPAS continues to advocate for an appropriate settlement agreement during the remedy phase.

The potential impact of this lawsuit is based upon the IDOC's own report regarding the number of individuals with a serious mental illness being held in their facilities.

Case Example for 5.E.6. Legislative & Regulatory Advocacy

Prior to the start of the 2013 Indiana State Legislative session, IPAS worked with its partners from the disability rights community concerning systemic issues related to consequences of the unregulated use of mechanical restraints, seclusion and physical restraint in the public school setting. In response to the data and antidotal stories collected by IPAS, Arc of Indiana, Autism Society of Indiana, MHA of Indiana and NAMI, a bill was proposed to address this lack of oversight by the state.

IPAS offered testimony using information that had been collected by IPAS in cases, which had been worked with the consent of the client's custodian/guardian, during this year's legislative session for the purposes of educating lawmakers on the type of abuses occurring when schools were allowed their own individual restraint/seclusion policy IPAS staff were invited and to present information before appropriate legislative committees and educated lawmakers and others as to the detrimental effect on students following the use of unregulated restraint and seclusion. With the support and efforts of many disability rights organizations, the bill was passed. The newly enacted legislation set minimum standards for the use of restraint and seclusion. Additionally, a state commission on seclusion and restraint was established that would develop a model restraint and seclusion plan in addition to issuing regulations. All public school corporations and accredited nonpublic schools are required to have in place a restraint and seclusion plan by July 14, 2014 in time for the 2014-2015 school year.

The potential impact of this legislation is conservatively estimated at 14,000 children or 11% of the children attending public schools identified as emotionally handicapped.

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6.A. INDIVIDUAL INFORMATION AND REFERRAL (I&R) SERVICES

Provide the number of PAIMI Program I&R services.	734

6.B. STATE MENTAL HEALTH PLANNING ACTIVITIES

Briefly list P&A collaboration/involvement in State Mental Health planning activities.

As an agency, IPAS, historically, has not been invited to be a member for any of the state's Division of Mental Health And Addiction planning committees. Members of IPAS have attended and monitored the public portions of selected committees involving state planning activities. One PAC member also sits on the Mental Health and Addiction Planning and Advisory Council.

6.C. EDUCATION, PUBLIC AWARENESS ACTIVITIES AND/OR EVENTS

6.C.1. List the number of public awareness activities or events AND the number of individuals who received the information.

6.C.1.a. Number of public awareness activities or events.	30
6.C.1.b. Number of individuals receiving the information.	36540
6.C.2. Number of education/training activities undertaken.	50

6.C.2. refers to either the number of training programs sponsored by the P&A or the number of events sponsored by another organization *WHERE P&A STAFF ARE THE TRAINERS.* *The training must have provided specific information to participants regarding their rights. If the P&A only provided general program information then report the number of individuals trained in section 6.C.1.b.* [PAIMI Rules 42 CFR 51.31(c)].

6.C.3. Number (approximate) of persons trained. *[Only include those individuals who attended a 6.C.2. type education/training program(s),* [See PAIMI Rules 42 CFR 51.31].	452

DISSEMINATION ACTIVITIES. Provide the number of articles, films, reports, etc. developed/produced. Provide an estimate for the number of people who received the information. For example, an article published about the P&A in a newspaper with a circulation of 200,000 readers; a television appearance on a station with 100,000 viewers in that time spot, etc.

6.C.4. OUTCOME STATEMENTS for DISSEMINATION ACTIVITIES

A. Persons who received information about the P&A and its services.

B. Persons with disabilities (or their family members) who received education or training about their rights, enabling them to be more effective self advocates.

C. Other outcomes that resulted from PAIMI Program involvement.

SECTION 6. NON-CLIENT DIRECTED ADVOCACY ACTIVITIES

6.C.5. TYPES OF DISSEMINATION ACTIVITIES				Outcomes			
	Number of Items	Number of Events	Number of persons who received the information	Total A - C	A	B	C
a. Radio/TV appearances	1	1	100000	100000	0	0	100000
b. Newspaper articles	4	4	1000000	10000000	0	0	10000000
c. Public Services Announcements (PSA), videos/films, etc.	0	0	0	0	0	0	0
d. Reports	0	0	0	0	0	0	0
e. Publications, including articles in professional journals	18	10673	10673	21346	10673	10673	0
f. Other P&A disseminated information, includes general training, outreach activities or presentations, brochures and handouts that were not included/counted under training activities)	0	0	0	0	0	0	0
g. Number of Website hits, include visits	99769	62579	57615	115230	57615	57615	0
h. Other media activities	1	1	0	1	0	0	1
Other Media Activities: Press Release concerning the decision being handed down in the trial of IPAS et al. v. Indiana Department of Correction (IDOC).							
Total	99793	73258	1168288	1236577	68288	68288	1100001

SECTION 7. GRIEVANCE PROCEDURES [42 CFR Section 51.25]

7. The PAIMI Rules mandate that the P&A system shall establish procedures to address grievances from: 1) Clients or prospective clients of the system to assure that individuals with mental illness have full access to the services of the program [42 CFR 51.25(a)(1)]; and, 2) Individuals who have received or are receiving mental health services in the State, family members of such representatives, or representatives of such individuals or family members to assure that the eligible P&A system is operating in compliance with the Act [42 CFR 51.25(a)(2) - a systemic/program assurance grievance policy.]	
7.A. Do you have a systemic/program assurance grievance policy, as mandated by 42 CFR 51.25(a)(2)? (If No, please develop one)	Yes
7.B. The number of grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year.	2
7.C. The number of grievances filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues.	10
7.D. Total [Add 7.B. & 7.C.]	12
7.E. The number of grievances appealed to the governing authority/board.	1
7.F. The number of grievances appealed to the executive director.	12
7.G. Total [Add 7.E. & 7.F.]	13
7.H. The number of reports sent to the governing board *AND* the advisory board mandatory for private non-profit P&A systems, (at least one annually) that describe the grievances received, processed, and resolved. *[A report required, even if no grievances were filed.]* [42 CFR 51.25(b)(2)]	4
7.I. Please identify all individuals, by name & title, responsible for grievance reviews. Gary Richter, Executive Director IPAS-PAIMI Douglas R. Goeppner, Chairperson of the Indiana Protection & Advocacy Services Commission	
7.J. What is the timetable (in days) used to ensure prompt notification of the grievance procedure process to clients, prospective clients or persons denied representation, and ensure prompt resolution? [42 CFR 51.25(b)(4)]	3
7.K. Were written responses sent to all grievants?	Yes
7.K.1. Please explain why written responses were not sent to all grievants. N/A	
7.L. Was client confidentiality protected?	Yes
7.L.1. Please provide a brief explanation why client confidentiality was not protected. N/A	

SECTION 8. OTHER SERVICES AND ACTIVITIES

The PAIMI Rules [at 42 CFR at 51.24(b)] mandate that "Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system. Procedures for public comment which must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and to representatives of such individuals and to other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person."

8.A.1. Does the P&A have procedures established for public comment?	Yes

Briefly describe how the notice is used to reach persons with mental illness and their families.

IPAS-PAIMI as a state agency abides by the state statute concerning the process by which the Commission (Governing Board) and Mental Illness Advisory Board (PAC) must conduct their business and meetings.

Comments are solicited through the year. IPAS publishes and disseminates a newsletter that contains the priorities and objectives; we provide contact information and invite comments. Additionally, we post the proposed priorities and objectives on the web site, provide contact information and invite comment.

On an annual basis, we invite the public to attend the August meeting and provide a comment to the Commission regarding proposed priorities and objectives.

8.A.2. Were the notices provided to the following persons?

a. Individuals with mental illness in residential facilities?	Yes
b. Family members and representatives of such individuals?	Yes
c. Other Individuals with disabilities?	Yes
8.A.3. Do the procedures provide for receipt of the comments in writing or in person?	Yes

8.A.3.a. If No, briefly explain why the agency does not have such procedures in place.

N/A

8.B.1. Was the public provided an opportunity for comment?	Yes

8.B.2. If you answered Yes to 8.B.1., then briefly describe the activities used to obtain public comment, e.g., public forums, constituent surveys, etc.

Comments are solicited through the year. IPAS publishes and disseminates a newsletter that contains the priorities and objectives; we provide contact information and invite comments. Additionally, we post the proposed priorities and objectives on the web site, provide contact information and invite comment.

Selected organizations are directly asked to review and comment on IPAS's proposed objectives.

8.B.3. What formats and languages (as applicable) were used in materials to solicit public comments? Briefly list/describe.

IPAS publications are primarily published in English with a few translated into Spanish. Visitors to the IPAS web site will find documents available for download in PDF and Word formats. Alternative formats are provided upon request to accommodate any specific needs of a requester. This past year upon the request of a client materials were translated to Myanmar (Burmese.

IPAS solicited public comments through a variety of means such including targeted mailings and targeted email in addition posting the draft priorities and objectives on the agency's web site and Face book page. IPAS solicits public comment throughout the year.

SECTION 8. OTHER SERVICES AND ACTIVITIES

8.B.4. If you answered No to 8.B.1., BRIEFLY EXPLAIN WHY THE PUBLIC WAS NOT PROVIDED AN OPPORTUNITY TO COMMENT [42 CFR 51.24(b)].

N/A

8.C. LIST GROUPS, (a representative list of State, consumer and advocacy organizations, and other entities, such as professional, national and local organization organizations involved in mental health and/or other disability related issues, current and former recipients of mental health services and their family members with whom the PAIMI program coordinated systems, activities, and mechanisms [42 U.S.C. 10824 (a)(D)].

Indiana's American Civil Liberties Union
Indiana University Institute on Disability and Community
KEY (Knowledge Empowers You) Consumer Organization
Indiana Council for People with Disabilities
NAMI of Indiana
NAMI East Central Indiana
National Disability Rights Network(NDRN)
MHA of Indiana
The Arc of Indiana
Autism Society Of Indiana

8.D. Briefly describe the outreach efforts/activities used to increase the numbers of ethnic and racial minority clients served and/or educated about the PAIMI Program. [The Demographic/State Profile information submitted with your PAIMI Application for the same FY will be used in the evaluation of your PPR data].

IPAS-PAIMI as part of outreach agency goal employs the services of a Public Relations firm for the five agency wide projects which are intended to outreach to minority and under-served individuals with disabilities, concerning disability rights issues, as well as IPAS services and successes. The Public Relations firm identifies those media outlets that target ethnic and racial minority populations. Certain of the exhibit booths and speaking engagements are also targeted to communities with rich cultural diversity and with high numbers of minority residents.

8.E. Did the activities described in 8.D. result in an increase of ethnic and/or minorities in the following categories?

1. Staff	Yes
2. Advisory Council	No

Please provide a brief explanation why there was no increase in minorities for the advisory council.

During the past year, the vacancy on the Advisory Council occurred late in the fiscal year (August), that the Governing Board had not completed the process in filling the vacancy.

3. Governing Board	No

SECTION 8. OTHER SERVICES AND ACTIVITIES

Please provide a brief explanation why there was no increase in minorities for the governing board.

The Governor retains appointment authority of four seats on the Governing Board; neither IPAS nor the Governing Board has a direct role in appointing these positions of which three are currently vacant.

The Governing Board retains the appointment authority of the remaining nine seats on the board. IPAS and its Governing Board have continued efforts to solicit and maintain a diverse pool of interested and qualified candidates, who may be considered when an opening arises.

During the year the Governing Board had successful recruited and appointed a new member that did increase the diversity of their membership, however she later resigned prior to the conclusion of the fiscal year citing unanticipated changes in her personal situation precluded her full participation.

4. Clients	No

Please provide a brief explanation why there was no increase in minorities for clients.

While IPAS had an overall decrease in the total number of client served, IPAS however did served 24% a higher proportion of clients whom were minorities than in prior years.

8.F. PAIMI PROGRAM IMPLEMENTATION PROBLEMS

8.F.1. External Impediments

Describe any problems with implementation of mandated PAIMI activities, including those activities required by Parts H and I of the Children's Health Act of 2000 that pertain to requirements related to incidents involving seclusion and restraint and related deaths and serious injuries (e.g., access issues, delays in receiving records and documents, etc.).

IPAS has never received any funding assistance from the state thus is dependent on its federal grant for the implementation of the PAIMI program. Last year's prolonged series of continuing resolutions affected IPAS planned execution of projects for the fiscal year. The uncertainty of the fiscal year's budget resulted in decisions made to conserve funds to meet only those obligated projects, which resulted in delays in hiring agency staff, as well as initiating any new projects for the seven months until the federal budget issues were resolved.

The Centers for Medicare & Medicaid Services (CMS) final rules concerning a resident's death associated with either restraint or seclusion did not provide a requirement of notification of that state's P&A. Consequently; no provider voluntarily provides notification of incidents to IPAS when a client either died or sustained a serious injury when the use of either seclusion or restraint was involved. Hence, the overall perception from providers is that they are under no obligation to make a direct notification to IPAS as outlined in the Parts H and I of the Children's Health Act of 2000.

Prior to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), IPAS enjoyed a strong working relationship with many providers who would automatically provide notification of incidents occurring at their facility. Since HIPAA's implementation, many providers cite that the restrictions imposed by HIPAA do not allow them to volunteer the information; hence, they are unwilling to enter an agreement with IPAS to provide notification. This has diminished the source of IPAS's case selection and resulted in IPAS relying on notification by clients, concerned family members, media reports and those few staff members willing to provide to IPAS with enough information to allow IPAS to exercise its probable cause authority.

8.F.2. Internal Impediments

8.F. PAIMI PROGRAM IMPLEMENTATION PROBLEMS

Describe any problems with implementation of mandated PAIMI activities, including any identified annual priorities and objectives (e.g., lack of sufficient resources, necessary expertise, etc).

Last year's prolonged series of continuing resolutions affected IPAS planned execution of projects for the fiscal year. The uncertainty of the fiscal year's budget resulted in decisions made to conserve funds to meet only those obligated projects, which resulted in delays in hiring agency staff, as well as initiating any new projects for the ten months until the federal budget issues were and IPAS received its full funding for FFY 2013.

In April 2012, the agency's Executive Director and Legal Services Director, both resigned upon request of the IPAS Governing body. Then in August 2012, a third member of the management team resigned as well in response from a request of the IPAS Governing body, thus leaving only two members of the original five-person management team in place at the start of the fiscal year.

Following the departure of the two senior staff, the IPAS Governing body choose to have a survey team from NDRN to assess the entire agency during July 2012 before beginning the search to fill the Executive Director and Legal Services Director. Additionally, the IPAS Governing body planned to use the NDRN survey results in its governance and strategic planning to enhance the effectiveness of the organization that could potentially affect the desired skill set sought in the personnel to be hired for several of the agency's existing seven vacancies. This slowed the process in filling the current agency openings during this period of transition.

In August 2013, the IPAS Governing finally named a Executive Director after conducting several searches to garner a pool of potential applicants.

As the IPAS Governing body previously determined that the hiring of the Executive Director's position would precede the hiring of a Legal Services to hire the fellow members of the executive staff in FFY 2014.

8.G. ACCOMPLISHMENTS

Briefly describe the most important PAIIMI-related accomplishment(s) that resulted from PAIMI Program activities. Provide a website reference as to where any supporting documents describing these achievements may be found, e.g., case citations, news articles, legislation, etc.

For the year, IPAS-PAIMI is celebrating the favorable decision in the ruling of its class action litigation, IPAS et al. v. Indiana Department of Correction (IDOC). The December 2012, in the judge's decision, she validated IPAS's assertion that concluded that IDOC had violated the Constitutional rights of inmates with serious mental illness. She concluded that the IDOC through its deliberate indifference to their need for care, and continued harm caused by the segregation of those with serious mental illness. The case: No. 1:08-cv-01317 -TWP-MJD was heard in the U.S. District Court, Southern District of Indiana. The decision was posted on-line at: http://www.in.gov/ipas/files/IDOC_trial_court_decision.pdf

Additionally, IPAS-PAIMI would like to highlight, the passage of SB 345, which addressed the use of restraints and seclusion in both public schools and accredited nonpublic school. This outcome was the result in IPAS's efforts working with the Arc of Indiana, Autism Society of Indiana, MHA of Indiana and NAMI Indiana in promoting legislative action prior to the session to adopt a statewide statute to address this lack of oversight by the state. The legislation establishes a commission that issued a model restraint and seclusion plan and will adopt rules regarding the use of restraint. The final enrolled act can be found on the web at http://www.in.gov/legislative/bills/2013/SE/SE0345.1.html

8.H. RECOMMENDATIONS

Please provide a brief list of recommendations for activities and services to improve the PAIMI Program. Include a brief explanation as of why such activities and services are needed. [42 U.S.C. 10824(a)(4)].

None at this time.

8.I. TRAINING & TECHNICAL ASSISTANCE REQUESTS

Please identify any training & technical assistance requests. [42 U.S.C. 10825]

Members of the P&A Governing body and PAC, have both expressed a desire for training concerning their perspective roles and responsibilities in the implementation of the PAIMI program.

SECTION 9. ACTUAL PAIMI BUDGET/EXPENDITURES FOR FISCAL YEAR

In this section, provide actual expenditures for the FY. Refer to the PAIMI Application [Appendix C] submitted to SAMHSA/CMHS for the same FY.

9.A. PAIMI PROGRAM PERSONNEL – INSERT ADDITIONAL ROWS AS NEEDED. ++ List vacancies by position, annual salary, percentage of time & costs that will be charged to the PAIMI Program grant when the position is filled.

POSITION TITLE	ANNUAL SALARY	PERCENT/PORTION OF TIME CHARGED TO PAIMI	COSTS BILLED TO PAIMI
ACTIVE POSITIONS			
Account Clerk	$32,607.64	23.60 %	$7,704.75
Adminstraive Secretary	$29,645.98	23.60 %	$7,004.95
Advocacy Specialist	$34,333.26	9.70 %	$3,328.94
Advocacy Specialist	$33,036.38	1.30 %	$431.28
Advocacy Specialist	$31,637.84	61.90 %	$19,578.38
Advocacy Specialist	$35,194.90	23.06 %	$8,117.45
Advocacy Specialist	$34,151.00	60.20 %	$20,561.82
Advocacy Specialist	$30,119.70	2.69 %	$810.73
Advocacy Specialist	$35,363.38	0.00 %	$0.00
Advocacy Specialist	$31,716.62	58.30 %	$18,504.69
Advocacy Specialist 2	$33,748.00	39.57 %	$13,352.81
Advocacy Specialist 2	$39,622.96	0.34 %	$136.95
Advocacy Specialist 2	$50,986.00	29.50 %	$15,025.08
Advocacy Specialist 2	$37,071.84	8.80 %	$3,244.94
Advocacy Specialist 2	$38,066.34	17.70 %	$6,726.60
Asst Client Services Director	$54,226.64	35.90 %	$19,464.51
Asst Client Services Director	$45,558.50	15.20 %	$6,940.87
Asst Client Services Director	$47,554.52	1.90 %	$910.79
Attorney	$52,530.40	15.10 %	$7,915.28
Attorney	$53,560.26	12.90 %	$6,890.38
Attorney	$61,930.96	32.20 %	$19,934.99
Education and Training Director	$44,026.06	22.10 %	$9,711.68
Executive Director	$70,555.42	23.60 %	$16,671.30
Fiscal Officer	$41,639.52	23.60 %	$9,838.86
Technology Clerk	$32,072.56	23.60 %	$7,578.32
Subtotal	$1,030,956.68		$230,386.35
VACANT POSITIONS			
Support Services Director	$62,000.00	28.00 %	$0.00
Legal Services Director	$65,000.00	28.00 %	$0.00
Attorney	$55,000.00	28.00 %	$0.00

Advocacy Specialist	$34,000.00	28.00 %	$0.00
Paralegal	$45,000.00	28.00 %	$0.00
Subtotal	$261,000.00		$0.00
Total Positions	$1,291,956.68		$230,386.35

9.B. CATEGORIES	COST
Fringe Benefits (PAIMI Only)	$119,808.79
Travel Expenses (PAIMI Only)	$11,140.04
Subtotal	$130,948.83

9.C. EQUIPMENT - TYPE (PAIMI ONLY)	COST
Computers, Printers	$10,971.99
Copier	$658.12
Subtotal	$11,630.11

9.D. SUPPLIES - TYPE (PAIMI ONLY)	COST
Paper, Pens, Folders (general stationary)	$6,798.75
Subtotal	$6,798.75

9.E. CONTRACTUAL COSTS (including Consultants) for PAIMI Program Only					
POSITION OR ENTITY	**SERVICE PROVIDED**	**SALARY/FEE**	**FRINGE BENEFIT COST**	**TRAVEL EXPENSES**	**OTHER COSTS**
HIRONS	Public Information	$10,729.04	$0.00	$0.00	$0.00
KROGER GARDIS & REGAS	Legal Consulation	$641.73	$0.00	$0.00	$0.00
NDRN	Agency Assessment	$5,475.30	$0.00	$0.00	$0.00
HR Services	Human Resources Job Posting, Screening	$3,334.95	$0.00	$0.00	$0.00
VISITING NURSE FOUNDATION, INC	Lease for Office Space	$11,989.99	$0.00	$0.00	$0.00
Subtotal		$32,171.01	$0.00	$0.00	$0.00

9.F. TRAINING COSTS FOR PAIMI PROGRAM ONLY						
	TRAVEL		**TRAINING**		**OTHER EXPENSES**	
CATEGORIES	**# OF PERSONS**	**COST**	**# OF PERSONS**	**COST**	**# OF PERSONS**	**COST**
Staff	5	$3,145.54	5	$750.00	5	$0.00
Governing Board	2	$2,290.09	2	$250.00	2	$0.00
PAC Members	3	$1,617.38	3	$300.00	3	$0.00
Volunteers	0	$0.00	0	$0.00	0	$0.00
Subtotal	10	$7,053.01	10	$1,300.00	10	$0.00

9.G. OTHER EXPENSES (PAIMI PROGRAM ONLY)	COST
Postage	$2,596.64
Telephone-Communications	$8,828.61
Printing and Media	$14,714.79
Insurance	$752.34
Translation Services	$506.27
Central Office Move-Rewire	$6,280.23
Software Subscription	$7,129.29
MIAC Travel Costs to Quarterly Meetings	$3,046.57
Commission Travel Cost quarterly meetings	$950.09
Court Associated Fees	$3,007.56
Subtotal	$47,812.39

9.H. INDIRECT COSTS (PAIMI ONLY)	COST
1. Does your P&A have an approved Federal indirect cost rate?	Yes
a. If Yes, what is the approved rate?	0.01 %
2. Total of all PAIMI Program costs listed in 9.A. - 9.G.	$468,100.45
3. Income Sources and Other Resources (PAIMI Program Only)	$580,825.00
4. PAIMI Program carryover of grant funds identified by FY.	
2012	$230,594.59
5. Interest on Lawyers Trust Accounts (IOLTA).	$0.00
6. Program income (PAIMI only).	$0.00
7. State	$0.00
8. County	$0.00
9. Private	$0.00
10. Other funding sources. [IDENTIFY each source].	$0.00
11. Total of all PAIMI Program resources.	$811,419.59